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OBSERVATION OF RESIDENTIAL SERVICE FOR ADULTS WITH LEARNING DISABILITIES - USE OF MOMENTARY AND CONTINUOUS TIME SAMPLING

INTRODUCTION

Marshall and Rossman (1989) define observation as "a systematic description of events, behaviours and artifacts in the social setting under study". The aim is to gain an insight into behaviour in its natural environment without any interference by the researcher.

This article records the use of the observation method in a particular way in a specific setting.

METHOD

As part of an intervention programme, a team of five observers ⁽¹⁾ carried out Momentary Time Sampling (MTS) ⁽²⁾ and Continuous Time Sampling (CTS) ⁽³⁾ non-participant observations of staff members and service users ⁽⁴⁾.

For thirty minutes, continuous recording of staff interaction with service users and the activities/behaviours of staff recorded. On each minute, a category of behaviour was ticked (MTS) to estimate staff activity/behaviour, after Beasley et al (1993), who acknowledged that MTS accurately measured engagement and participation.

Resident-contact behaviours and non-resident contact behaviours are not mutually exclusive, for example staff could be performing a domestic task and talking with a user - this would be recorded under two categories of domestic and contact (see appendix for full observation checklist).

Limitations of this methodology included: limited numbers of observations carried out on limited days; no inter-observer reliability was sampled; observer effects in pre-intervention data collection.

It was also acknowledged that the observations post intervention could be subject to the Hawthorne effect (Coolican 2000).

MAIN RESULTS

1. Lack of user involvement in meaningful activities

MTS confirmed that users spent 65% of observed time in no activity and staff spent only 12.6% of their time

assisting users pre-intervention (table 1). CTS themes revealed no signs of staff enabling service users to carry out real activities within the home.

	PRE-INTERVENTION	POST-INTERVENTION
Assistance	12.6	15
Contact	23.4	30
No contact	66.5	55

(Details of categories in appendix)

Table 1 - Percentage of observations of staff/resident contact behaviours.

2. Low levels of service user-staff interaction/engagement

MTS confirmed users spent 85% of their time with no contact whatsoever with staff. Staff MTS revealed that 65% of pre-intervention time they had no user contact (table 2) and that 20.5% of their time was spent unengaged from any activity.

None	65
Leisure/recreational	24
Personal/self care	7
Practical and other tasks)
Work/formal education)
Out walking) 4

(Details of categories in appendix)

Table 2 - Percentage of service user activity pre-intervention.

3. Attitudes to users/values base

CTS showed the use of inappropriate terms to describe and relate to users, and users were grouped together in terms of "problem" or "not", or referred to as "little girl".

STAFF CTS - THEMES

From CTS data two patterns emerged around group contact with users and individual contact.

1. When groups of service users present:

(a) inappropriate activities whilst amongst users: magazine reading/TV/preparing and eating meals and NOT

involving users (including not joining users at meal table)/discussing medical issues in front of users/filling in application forms/one discussion around a user still being in bed at midday;

(b) directive language/custodial care practices - during meal times;

(c) no choice offered - during meal times, of meal or drink; users given drink at allotted time, with no regard of thirst or choice of drink offered;

(d) no responses to user attempts at communication - other than one observation - reinforcement of inappropriate communication by service user (laughter, encouragement from staff);

(e) quality of interaction by staff: no knocking on doors; no greetings; no incidental conversation; no introduction/explanation of what they are about to do.

2. Individual/one to one:

(a) appropriate conversation in four one to one observations about the house closing, dinner menu, college, making inventory of users belongings;

(b) choice in personal care: two observations where users given appropriate choice in language and support method (Hawthorne effect?);

(c) choice in daily living: two observations where users given appropriate choice in language and support method (Hawthorne effect?).

CONCLUSION

The findings from the observation were the basis of a future intervention at the residential home.

ENDNOTES

1. Undertaken as part of Service Placement (Sept 2001-July 2002) with Tizard Centre, University of Kent: MSc Analysis and Intervention in Learning Disabilities.

2. Momentary Time Sampling is the occurrence or absence of behaviour at a specific moment in time. Behaviour recorded only if it is observed at a specified "moment" within the interval (Schenk 2002). It produces quantitative data.

3. Continuous Time Sampling is the recording of events as they occur in uninterrupted time, along with some indication of the time that

has elapsed during and between responses. It records every instance of a behaviour so that the results provide an "accurate" reproduction of the behaviour. It measures both frequency and duration of behaviour (Schenk 2002).

4. The residential home has 17 adult users and 36 staff (including part-time).

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ELIZABETH WILLIAMS

Article written July 2002

APPENDIX

BEHAVIOURAL DEFINITIONS AND CODES FOR STAFF MOMENTARY TIME SAMPLING

NON USER-CONTACT ACTIVITIES

RA RECORDS ADMINISTRATION

Completing reports, client notes, diaries, rotas, dealing with financial matters, purchasing arrangements

M MEDICATION/TREATMENT

Giving, preparing medication or treatments. Including managing first aid, dealing with epileptic fits

D DOMESTIC

Domestic tasks with no user involvement. For example, "tidying up", cleaning surfaces, serving food, storing food, washing dishes and making beds

BM BEING MANAGED/SUPERVISED

Being spoken to by senior staff, being given an instruction/direction/guidance. Also included any time when a member of staff is being spoken to "behind closed doors" by manager

U UNENGAGED

Unengaged in any task or user related activity. For example, watching television, reading paper or using users' leisure equipment when no user is involved. Also included interaction between staff and others which does not relate to or involve the users

O CONTACT WITH OTHERS (COLLEAGUES/VISITORS/OBSERVERS)

Conversation, gesturing or engagement with staff colleagues/visitors/observers on matters relating to the users. For example, passing comment on user behaviour/conduct; handing on information about past incidents, planned activity; attending "handover"; giving guidance/instruction to others regarding the management of a developing situation/incident

USER-CONTACT ACTIVITIES

N NONE

C CONTACT POSITIVE/NEGATIVE/NEUTRAL

The staff praises or encourages the client or visibly demonstrates affection for the individual or the staff contact is negative (eg shouting at, expressing disapproval of, restraining, forcibly moving the service user or denying him/her something) or contact is neither positive or negative (eg conversation or chat, simply presenting materials such as handing a book to the service user, or "processing" the service user such as doing up someone's coat for them rather than helping them to do it)

A ASSISTANCE

Verbal instructions or pointing, positioning a bowl, chair or coat ready, or demonstration (modelling a task) or help intended to help the service user do a positive activity (ie "put it on the top", "do it like this", but not "do nothing", "sit down", "stop it", "go away", or just "come here"). Any level of physical help or guidance is included if it appears intended to result in a positive activity, including positioning materials. Do not include restraint intended to stop someone doing a positive activity or make them do "No Activity" (eg pushing someone to walk or pushing their wheelchair), these go under "Contact"

OTHER CODES

R REMINDER

To be used when the observer needs to be reminded of an event which requires further interpretation. A note should be jotted down at the time.

MO MISSED OBSERVATION

To be used when the observer is unable to see the staff clearly enough to enter a code or something else prevents an observation being made

(Adapted from Beasley et al 1993)

LINKED ARTICLES - INTELLIGENCE

This is a series of articles about the topic of intelligence. The aim of the series is to look at intelligence in different situations, including humans, non-human animals, and machines.

No.1 - Brewer, K (2002) Non-Human Animal Intelligence
Orsett Psychological Review September, 2-13

NO.2 - A BRIEF SURVEY OF HUMAN INTELLIGENCE

The debate over the nature of human intelligence is as old as psychology itself and older. There are continuing disputes about what it is and the theories of its origins.

Psychologists do not agree on a single definition of human intelligence. Colman (1990) lists the early definitions used including: "ability to carry out abstract thinking"; "ability to acquire abilities"; "ability to learn or to profit by experience"; and "ability to adjust oneself to environment" (Box A p324).

Binet and Simon (1905) see it as the abilities "to judge well, to comprehend well, to reason well". They developed the first intelligence test to detect "mentally subnormal children", in order to predict their school performance.

By 1970, Alice Heim came up with "intelligent activity" which "consists in grasping the essentials in a situation and responding appropriately to them".

Research by Sternberg and his colleagues led to the classification of intelligence into three categories: verbal intelligence, problem-solving, and practical intelligence.

Because of the plethora of definitions, Gross (1992) divides them into three broad groups:

i) Biological definitions - intelligence is seen as an ability to adapt to the environment: eg: "mental activity directed towards purposive adaptation to and selection and shaping of, real-world environments relevant to one's life" (Sternberg 1985 p45).

ii) Psychological definitions - the focus is upon the measurement of intelligence between individuals: eg "the effective all-round cognitive abilities to comprehend, to grasp relations and reason" (Vernon 1979).

iii) Operational definitions - this describes the definitions of the Intelligence Quotient (IQ) in practice: eg: "intelligence is what intelligence tests

measure" (Boring 1923 quoted in Gross 1992).

It has been easier to concentrate on IQ as an operationalised measure of intelligence, and then to design the means of measuring IQ - valid, reliable, standardised IQ tests

(1). While such tests are still used today to assess "retardation", IQ tests are also employed to assess educational and career potential.

One of the most commonly used IQ test are the Wechsler tests (Wechsler 1953; Wechsler 1991). The Wechsler scales are a group of three IQ tests based on an initial test developed in 1939 by David Wechsler, an American psychologist. They test vocabulary, arithmetic, comprehension, similarities, picture completion, picture arrangement, block design, and object assembly. These can be grouped into verbal subjects (verbal IQ), and performance subtests (performance IQ). The verbal IQ and the performance IQ are combined to create the total IQ.

Another test, the British Ability Scales, uses twenty-three tests grouped into six subtests: speed of information processing, reasoning, spatial imagery, perceptual matching, short-term memory retrieval, and application of knowledge (Colman 1990).

There are many other IQ tests with different focus, and of varying quality. Table 1 summarises the abilities commonly being tested by IQ tests.

- memory
- vocabulary
- comprehension
- arithmetic
- similarities and differences
- object assembly
- knowledge
- cognitive abilities
- pattern recognition
- creativity

Table 1 - Abilities commonly assessed by IQ tests.

There are limitations to intelligence tests:

IQ tests have always focused on the abstract reasoning and verbal fluency that are essential to academic success. The tests do not tap social competence, practical problem solving, creativity, mechanical ingenuity or artistic talent

(Weiten 1989 p319).

Historically, the debate over intelligence has

varied between a single common factor: "g" (general intelligence) (eg: Spearman 1927) ⁽²⁾, or a cluster of abilities (eg: seven independent "Primary Mental Abilities"; Thurstone 1938).

Sternberg (1987) more recently produced an "information-processing approach" which focuses on the speed, ability, retention, and manipulation of symbols as a sign of intelligence. This is similar to a theory for computer intelligence.

On the other hand, Gardner (1983) talks of "multiple intelligences" (originally seven, as shown in Table 2, but now nine). These include "bodily-kinaesthetic intelligence", for example. This involves the ability to use the body to solve problems, for example, as found in dance, athletics, acting or surgery. Gardner is attempting to see intelligence as wider than just the "pen and paper" views of traditional IQ tests.

Overall, intelligences, for Gardner, are abilities that "permits an individual to solve problems or fashion products that are of consequence in a particular cultural setting" (quoted in Gross 1992 p851).

TYPE OF INTELLIGENCE	MAIN CHARACTERISTIC
1. linguistic	skill in communication
2. logical-mathematical	scientific thinking
3. visual-spatial	orientation in space
4. musical	ability to create sound/rhythm
5. bodily-kinaesthetic	use of whole body
6. interpersonal	understanding others
7. intrapersonal	understanding self
Added later	
8. naturalistic	understanding of natural world
9. existential	meaning of life

Table 2 - Gardner's "multiple intelligences".

Because of the problems in agreement over defining and measuring intelligence, Neisser (1979) prefers to see intelligence as a "prototype" (ie an imaginary person) to which real people are compared. Trying to define the "prototype" will be the same as trying to define intelligence.

ENDNOTES

1. The history of IQ testing is summarised well in Gould (1981).
2. "g" "consists in something of the nature of an 'energy' or 'power' which serves in common the whole cortex" (Spearman 1923).

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Kevin Brewer & Heidi Reinicke

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THE CONSTRUCTION OF A DEVIANT IDENTITY - THE EXAMPLE OF WORKING AS A FEMALE STREET PROSTITUTE IN THE UK

INTRODUCTION

Giddens (1997) defines prostitution simply as the "granting of sexual favours for monetary gain". Historically the term "prostitute" did not come into common usage until the late 18th century. Before that, terms like "courtesan" or "concubine" were more usual.

In some societies, these terms accorded high status. What is distinctly different about prostitution today is that prostitutes and clients will not know each other. There may be "regular clients", but the level of relationship is still relatively anonymous compared to concubines, who may have been associated with specific people.

Goldstein (1979) makes the distinction between "occupational commitment" and "occupational context". The former refers to the frequency of involvement by the women in prostitution. This can vary from the occasional to those women where it is the main (or only) source of income.

In their observation of Glasgow street prostitutes over 53 nights, McKeganey and Barnard (1996) estimated that about 5% of the women worked for 30 or more of these nights, and about half worked for 5 days or less.

This can suggest free choice to work as a prostitute or not. A difficult issue. The English Collective of Prostitutes (1997), talking about how individuals get started in prostitution, say that "only 'bad choices' are available and any choice that is exercised is often the lesser of two evils".

Edwards (1987), writing from a radical feminist viewpoint, is clear that prostitution is a product of the general exploitation and low pay of women in society:

most women are concentrated in a narrow range of
occupational sectors and in a small number of jobs
...the possibilities for women for gaining access
to top jobs remains very few
(Abbott and Wallace 1997).

Female prostitutes are controlled by pimps on one side, and harassed by the police on the other. Ultimately it is men who gain from it.

While for Scambler and Scambler (1997):

Female sex work in Britain has to be understood against the background of the privileging of hierarchic heterosexuality in a capitalist economic system formed and consolidated in accordance with patriarchal relations (pxiv).

"Hierarchical heterosexuality" (Brittan 1989) is the situation, based on an inequality of power, where, in sexual matters, males are seen as active and females as passive. Traditionally males have access to money which allows them to buy commodities, which, in the case of prostitution, is the female body, and sex acts. Thus the female body and sexuality are merely seen as commodities.

Hoigard and Finstad (1992) see the actual process of starting work as a prostitute as gradual, and multi-causal:

The road to prostitution is a process in which the women's experiences cause a breakdown in their respect for themselves, for other women, and also for men. Such individual experiences are seldom sufficient reason for prostitution. It is only when the experiences are translated and incorporated into the collective experience which the girls share with other youths that prostitution becomes a viable alternative (p19).

The second distinction that Goldstein makes is "occupational context". This is the categorisation of where prostitutes work. Goldstein distinguishes four groups based on how clients are contacted:

- i) "street-walker" - contact on the streets;
- ii) "call-girl" - contact by phone, and meeting either at the client's home, a neutral place (like a hotel room), or the prostitute has a venue;
- iii) "house prostitute" - these prostitutes work at a private club or massage parlour;
- iv) "massage-parlour prostitute" - this category is very similar to "house prostitute", but the venue tries to give the impression of other activities than prostitution (ie: massage).

STIGMA

The experiences of the groups of prostitutes will be different, as will the working conditions, pay, and risks involved, but there will also be similarities. The most important in terms of self identity will be the stigma

attached to the profession in modern society.

In fact, Alexander (1996) notes that the:

tolerance or acceptance of prostitution has varied at different times and places, although in no place and at no time has it been entirely without stigma or repression (p1x).

McKeganey and Barnard (1996) point out the double standards in the attitudes towards paying for sex: politicians resign if caught paying for sex, yet "there is not a society in the world where sex is not being traded every day and night of the week".

A special language is reserved for those women who sell sex - hooker, whore, harlot - yet "each of us has probably used sex on occasions in an instrumental way to achieve some desired end" (McKeganey and Barnard 1996).

Jackson and Scott (1996) are succinct: "it is the woman prostitute who is stigmatised and punished, not her male clients". For Roberts (1994) the stigma allows the real issue of "poverty of working-class women the world over" to be hidden behind the "immorality" of prostitution.

Ironically, the stigma exists alongside the myths of prostitution, as portrayed in films, like "Pretty Woman". The reality can be very harsh, as McKeganey and Barnard (1996) record in their notes of observing Glasgow street prostitutes:

As we got closer I could make out a woman on her knees giving a client oral sex. The whole thing looked incredibly mechanical.. This was the first occasion that the reality of what a being a prostitute entails has been made starkly apparent - alone, on your knees, with a client's penis in your mouth (p11).

The women who engage in prostitution are labelled as "prostitutes"; ie: their occupation is who they are, and this remains with them in all their roles in life. Usually their time as a prostitute is kept secret from other parts of their lives.

Labelling people based on part of their lives is different here in one way, but not in another. Any behaviour that is seen as deviant and attracts that label does so on a permanent basis. The same is true for mental illness.

Szasz (1958) explains that:

mental health is the ability to play whatever the

game of social living might consist of and to play it well. Conversely, to refuse to play, or to play badly, means that the person is mentally ill.. should we feel.. that we cannot communicate with him, that he is somehow basically different from us, we shall then be inclined to consider him no longer as an equal but rather as an inferior.. person; and we then speak of him as being crazy, mentally ill, insane, psychotic, immature (p509).

But, from a social constructionist viewpoint our identity is a product of social practices, narratives ⁽¹⁾, and discourses ⁽²⁾. However we feel about our behaviour, it is society's views that are important in the construction of the self.

Wetherell and Maybin (1996) see the self as "a line monetarily and arbitrarily drawn around pieces of the public world". While Bruner (1990) believes the self to be "the sum and swarm of participations in social life".

Becker (1963) shows that:

When a rule is enforced, the person who is supposed to have broken it may be seen as a special kind of person, one who cannot be trusted to live by the rules agreed on by the group. He is regarded as an outsider (p1).

Consequently, such an individual has different "social rights" to the rest of the population, usually less. For example, Alexander (1996) argues that there is little concern about the violence committed against prostitutes. She notes unsolved cases of up to 100 prostitutes killed in Seattle, USA in the 1980s, possibly by the same man.

This general societal blindness has also meant that for most of history, few countries have established social and/or health services designed to meet sex workers' needs, or even to treat them as ordinary human beings (Alexander 1996 px).

DEVIANT IDENTITY

In his book, "Outsiders", Becker shows how individuals labelled as "deviant" come to create their identity. His case study was of marijuana users in 1950s California. The task was threefold: finding the substance, keeping the behaviour hidden, and responding to the "immoral" definitions of their behaviour.

Applying these points to women working as prostitutes:

i) Finding clients (and consequently money). Preferably away from their homes (and other roles). Obviously it is difficult to say, but the women who use their "family homes" for working are a minority.

ii) Keeping the behaviour hidden. Again this involves probably working elsewhere, and/or not telling many people about their work as a prostitute. One common stereotype is that women who are prostitutes cannot be "good mothers" or "good family members", even to the point that their children should be placed in Social Service care.

Often it is working as a prostitute in order to gain the money for their children. Alexander (1996) sees that for some women it is better to risk a night in jail as a prostitute if caught than her partner taking up burglary and getting caught with a longer jail term.

iii) Response to the label of "immoral". This manifests itself in, for example, grouping together with other prostitutes, and/or in the justification of their behaviour to themselves. Either the individual lives with the permanent feeling of doing wrong (to the point that they feel they are wrong) or they construct an identity that comes to terms with the deviant label.

For many sex workers 'being a prostitute' is not in itself shameful...Often they have their own sub-cultural, or counter-cultural, notions of honour/dishonour. These may be related to distinctions between 'good whores' and 'bad whores' ...Thus dishonour for many sex workers is...a lack of competence and integrity in the conduct of work (Scambler and Scambler 1997a p109).

The "good whore" maintains a code of conduct that includes leaving their clients feeling satisfied, the use of condoms, and to warn other women about "dodgy" clients.

Individuals who live under the permanent cloud of feeling wrong may be more prone to mental health problems. Alegria et al (1994) found high levels of depression among Puerto Rican street prostitutes.

Hoigard and Finstad (1992) see the:

women's reaction to prostitution have many similarities with the reaction of women who are survivors of incest and rape. The feelings that are burned out of the body, self-disgust, guilt, sense of being a split personality, are also central in descriptions of these women (p115).

In other words, we are talking about maintaining a personal identity within a hostile environment.

Goffman (1961) showed this process in , what he called "total institutions", like mental hospitals, prisons, concentration camps, or monasteries. Social identity is constructed and reconstructed through the process of social interactions.

Thus it is the reaction of others that is crucial. Shotter (1993) talks about "joint action" which simultaneously position all actions and individuals. "It is not possible to define oneself alone because it includes other's definitions within the same situation. Thus individual realisations exist within the constraints of situations" (Brewer 2000).

For example, we may claim to be competent adults capable of making decisions and controlling our own lives, but the actions of individuals with whom we have contact may indicate that they do not accept this claim, in which case we may need to reconsider either our strategy for establishing this claim or the identity itself
(Alaszewski and Manthorpe 1995 p38).

Goffman concentrated on the damage to social identity of stigmatisation. Prostitution may only be a small part of the woman's life, but the stigma of it is generalised.

It spreads beyond the specific defect to influence all aspects of an individual's identity and relationships, and undermines an individual's claim to be free from physical, mental and moral defects
(Alaszewski and Manthorpe 1995 p38).

Jobling (1977) notes how this process works with individuals who have visible damage to their skin, like a birth mark on the face. A major response is to try to conceal the stigmatising damage.

OTHER ASPECTS OF IDENTITY

One way of justifying their work as prostitutes is for the women to take on the "dominant discourses" ⁽³⁾ which position prostitution within society. A prominent discourse relates to male sexuality, and that of "uncontrollable urges".

Thus women working as prostitutes are doing a service in providing an outlet for these urges, which would otherwise lead to harm.

From a feminist viewpoint, this discourse also

reinforces the distinction of "madonna-whore" (Stanko 1985). Roberts (1994) prefers the "Good Woman-Bad Girl" distinction.

The woman left at home by the male clients of prostitutes is the "madonna", and can be kept "holy", while their "natural" urges have an "appropriate" disposal point with the "whore" (who probably enjoys it anyway).

Abbott and Wallace (1997) note the misconception that rape must be pleasurable for women because it involves penetration, so must the intercourse experienced by prostitutes.

The discourse becomes constructed in such a way that the male client is doing no wrong; in fact doing the female prostitute a favour.

Almost what could be called the "happy hooker". Hoigard and Finstad (1992) go to great length to dismiss the myth of the "happy hooker" as supported by "male magazines". The researchers' interviews show that "there is resounding agreement on this point: prostitutes do not 'get enjoyment from it'". The researchers are blunt: "No one 'wants' to rent out her vagina as a garbage can for hordes of anonymous men's ejaculations".

The whore can only figure in the male imagination under patriarchal domination, within which women are reduced to their sex" (Jackson and Scott 1996).

McKeganey and Barnard (1996) explore how the Glasgow street prostitutes "worked to maintain a distinction between these domains of experience in their working practices and in their private lives".

The key was perceiving their other identities outside of prostitution as the "real" self. Thus a clear distancing of themselves from that role with symbolic strategies:

a) Rituals of separation - the women interviewed by McKeganey and Barnard reported very specific rituals before (eg: putting on particular clothes) and after work on the streets (eg: having a bath). The construction and then dismantling of a "work persona".

b) Managing distance from the clients - most commonly through the objectification of their bodies and the acts they perform, and denying the possibility of pleasure.

One question asked how many clients they had had sexual contact with on the last night worked. The way in which the women worked this out was not to add up individual clients, but to consider the amount of money they had made in total, and, working back from this, consider the money made from each client

in terms of the sexual act performed. The individual client had no apparent significance, it was only the sexual act and the money made from it which appeared to matter (McKeganey and Barnard 1996 p87).

Menzies Lyth (1988) found a similar depersonalisation among nurses when they talked of their patients, not by name, but by disease; eg: "the broken leg in bed 5".

c) Professional boundaries - many of the women reported clear boundaries of what they would and would not do with clients, whatever the money. In some cases, keeping certain sexual acts, like kissing, for their personal relationships only.

Part of the reason women hold themselves aloof from their commercial sex contacts concerns self-esteem. So also is it about the retention of meaning in their private lives
(McKeganey and Barnard 1996 p98).

Menzies Lyth (1988), writing in a psychodynamic tradition, notes a number of defence mechanisms used by nurses dealing with their feelings and anxiety about the patients. Two of these defence mechanisms can be applied to the street prostitutes living with the threat of violence, and AIDS:

i) splitting of the relationship with the clients - in other words, avoiding closeness, and contact. Many acts take place in darkened streets or in the back of cars which help to distance these sexual acts from "normal" experience;

ii) projection of anxiety on to other groups - McKeganey and Barnard (1996) found that non-drug injecting street prostitutes were critical of the drug-injectors for spreading disease by not using condoms with clients, and willingly performing any sexual acts for any amount of money.

Hoigard and Finstad's (1992) study of Norwegian street prostitutes revealed a number of defence mechanisms used by the women:

- "blanking out" - this includes thinking of something else or being drunk or "high";
- "retaining physical boundaries" - eg: avoiding touching special body parts;
- "keeping the time down" - the defence mechanism here is

getting the "trick" done quickly through techniques like pretending to have an orgasm;

- "hiding yourself" - this could include wearing a wig, or using a false name;
- "dry hustles"; ie: stealing the client's money;
- "avoiding customers you could start caring about" - eg: not having steady customers.

ENDNOTES

1. "The way we describe our selves, our history and behaviour is seen as a 'story'. It is a construction for a particular situation, and in order to make a certain point. These 'stories' join together to form narrative" (Brewer 2000).

2. "Discourses" are not easy to define. Parker (1992) calls them a "system of statements which construct an object", while for Potter and Wetherell (1987), they are "historically developing linguistic practices".

3. Discourses are competing in society, and usually those that become dominant are supported/beneficial to the dominant power groups. Kay Miller, in a SNP debate on the decriminalisation of prostitution, pointed out that the defence industry could be "classed as immoral earnings" (quoted in van der Gaag 1994) But it won't be because it is associated with the dominant power group.

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CONTRADICTIONS AND THE PSYCHOLOGY OF RISK IN "POST-MODERN" SOCIETY

This short article picks up on a key aspect of modern (or "post-modern") society, in my view - namely, contradictions. The presence of contradictory or conflicting messages/ideas, which are mutually exclusive. I have discussed the role of contradictions in relation to eating disorders (Brewer 2001a), and the "circles of normality" (Brewer 2001b).

"Post-modern" society is a commonly used term, which is not without problems in defining or characterising (Brewer 2001c) ⁽¹⁾. "Post-modern" society can be characterised by contradictions among other criteria. For example, the trust in expert knowledge of "modernity" (Giddens 1990) has been replaced by conflicting ideas:

Different experts tell different stories, and this produces a tendency to trust no one and to become our own experts, drawing on whatever sources of information are available to us, for example the media
(Scott, Jackson and Backett-Milburn 1998 p690).

The presence of conflicts and contradictions reduces security, and places the future as a phenomena for which risk calculations must be made. Giddens (1991) calls the future thus "a territory of counterfactual possibility". There are no longer any easy decisions about the future - everything has to be calculated in terms of risk (but without solid information on which to make the decision) ⁽²⁾. This requires individuals to find strategies by which to cope with this insecurity.

Beck (1992) talks of a "risk society" where:

people live according to a sense of all-pervading risk...virtually any action or practice may possess inherent risks to health or well-being
(Fox 1998 p676).

Fox (1998) shows how for health workers, risks are seen as part of life choices, and individuals make decisions about the risks. The emphasis is upon the perceived control of life, and conscious choices made. But, at one level, ordinary life is not more risky than prior eras (Giddens 1991).

Scott, Jackson and Backett-Milburn (1998) highlight the outworkings of these issues with attitudes towards

childhood: increasing anxiety about risk and the need to protect these "vulnerable innocents".

Leading to a "need for constant vigilance in order to anticipate and guard against potential threats to children's well-being" (p691). However, there are contradictions here also - the fear for children, and the fear of children: ie what they may do if not kept within "acceptable boundaries" of childhood. For example, the risk of sexual abuse, against the increasing sexuality of children.

However, closer inspection shows that the anxieties of sexual abuse are not made explicit other than "stranger danger". And the concern for increasing sexual knowledge is related to girls; the risk for boys is violence (Scott, Jackson and Backett-Milburn 1998).

The sexualisation of risk anxiety focuses on risks which are relatively rare as opposed to the all-too-common dangers posed by abusive fathers and male carers. When children are sexually abused, this is frequently constructed as a despoliation of innocence rather than an abuse of power (Scott, Jackson and Backett-Milburn 1998 p702).

The response outlined above links to the question of responsibility, which is another key theme in British society today. Almost a situation of "individualism without responsibility".

ENDNOTES

1. Brewer (2001c) outlines the many different characteristics of "post-modern" society put forward by various writers, including insecurity, contradictions, and the "commodification" and "sexualisation" (heterosexualisation) of all aspects of society.

2. The quantity of output of media has no link to actual risk. For example, the greatest risk to children are from parents and relatives, and the first year of life is the highest risk for murder. Between 1984-1995, less than six children under 14 were killed by strangers each year in the UK (Scott, Jackson and Backett-Milburn 1998).

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